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CONFIRMATION NO. 6497

SERIAL NUMBER 10/706,108	FILING OR 371(c) DATE 11/12/2003 RULE	CLASS 435	GROUP ART UNIT 1643	ATTORNEY DOCKET NO. IMMC 234.1 (CIP)
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CIP of 09/801,471 03/08/2001 which is a CIP of 09/248,388 02/12/1999 PAT 6,365,362  
 which claims benefit of 60/074,535 02/12/1998  
 and claims benefit of 60/110,279 11/30/1998  
 and claims benefit of 60/110,202 11/30/1998

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 01/05/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	NJ	8	22	2
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

**ADDRESS**

40541

**TITLE**

Labeled cell sets for use as functional controls in rare cell detection assays

FILING FEE RECEIVED 806	<p>FEES: Authority has been given in Paper          No. _____ to charge/credit DEPOSIT ACCOUNT          No. _____ for following:</p>	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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